

ADVERSE ACTION REPORT

TITLE IV CLINICAL PRIVILEGES ACTION

Report Number 7920000036407869

This report is maintained in: ☒ The National Practitioner Data Bank

☐ The Healthcare Integrity and Protection Data Bank

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A. REPORTING ENTITY

Entity Name: TEST ENTITY
Address: 6220 TEST STREET

City, State, ZIP: TEST CITY, VA 11111

Entity Internal Report Reference
(e.g., claim number): ENTREF-1011011D

Name or Office: TEST POC
Title or Department: TESTING DEPARTMENT
Telephone: (111) 222-3333

Type of Report: INITIAL REPORT

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: TEST2LNAME, TEST2FNAME TEST2MNAME JR
Other Name(s) Used: LKJ, LJK LJK LKJ

Gender: FEMALE
Date of Birth: 05/05/1975

Organization Name: TEST2ORGANIZATIONNAME
Work Address: TESTSTREET

City, State, ZIP: TESTCITY, SC 39845
Country:

Home Address: TESTSTREETHOME

City, State, ZIP: TESTCITYHOME, LA 38945
Country:

Deceased: NO
Date of Death:

Social Security Numbers (SSN): 532-46-5675

Professional School(s) & Year(s) of Graduation: NEW TEST SCHOOL 2000

Occupation/Field of Licensure (Code): DENTIST (030)
State License Number, State of Licensure: 89768976, CA

Other, as Specified:

Drug Enforcement Administration (DEA) Numbers: 978678968976

**C. INFORMATION
REPORTED**

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES

Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)

Other, as Specified:

SUSPENSION OF CLINICAL PRIVILEGES (1630)

SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES
(1632)

Date Action Was Taken: 05/08/2001

Date Action Became Effective: 06/09/2001

Length of Action: PERMANENT

Years:

Months:

Days:

Description of Act(s) or Omission(s) or Other

Reasons for Action Taken: TEST NARRATIVE

Basis for Action: PRACTICING BEYOND THE SCOPE OF PRACTICE (29)

Other, as Specified:

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank**

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7920000036407869

Process Date: 03/24/2005

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For authorized use by:

TEST ENTITY

**E. REPORT
STATUS**

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- ☐ If box is checked, this report has been disputed by the subject identified in Section B.
- ☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/24/2005

Date of Most Recent Change: 03/24/2005

**F. SUPPLEMENTAL
SUBJECT
INFORMATION
ON FILE WITH
DATA BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): TESTALTERNATELASTNAME, TESTALTFIRSTNAM TESTALTMIDNAME
JR
TESTALTLLNAME, TESTALTFIRST TESTALTMID

END OF REPORT